

CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

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					ADDITIONAL COMMENTS		-1										SD 001 (Seep 020)	SAMPLE ID One Character per box. (A-Z, 0-9 / , .) Sample Ids must be unique		,	Requested Due Date:	Fax	MIC #04, MIN 507 00	P.O. Box 417		₩
				7				,										Sol/Solid St. Oil Oil Whe wp Air AR Other Tissue TS	Drinking Water DW Water VT Waste Water WW Product P	MATRIX CODE	Project #:	Project Name:	Purchase O	Сору Та:	Report To:	Section B Required Project Information:
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8-19-15				21915	DATE																# 1		CLIENT: USS CORP	PM: HRZ	7	5
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(Y/N) Samples		$ \; \; $	⇉	آہ	75																			9		
Intact (Y/N)				`																				Due Date: 09/02/15		



Document Name: Document Revised: 23Feb2015 Sample Condition Upon Receipt Form Page 1 of 1 Document No.: Issuing Authority: Pace Virginia, Minnesota Quality Office F-VM-C-001-Rev.09

Sample Condition Client Name:			Projec	t#: [1124.23-
Upon Receipt	C (2)			'* W0#:1251945
Courier: Fed Ex DUPS	□USPS	 5		
Commercial Pace	Othe	er:	Cuent	
Tracking Number:				- (4431945
Custody Seal on Cooler/Box Present?	3NO	Seals	Intact?	Yes Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble B	ags 🔲	None	☐Other:	Temp Blank? Ves No
Thermometer Used: 140792808	Type o		⊒Wet	·
Cooler Temp Read °C: Cooler Temp (Corrected	·c. 1	a	Blue None Samples on ice, cooling process has begu
Temp should be above freezing to 6°C Correction Fac	tor:	to 3	Date a	Biological Tissue Frozen? Yes No No Ind Initials of Person Examining Contents: 9-19-15-1
				Comments:
Chain of Custody Present?	₽Yes	□No	□n/a	
Chain of Custody Filled Out?		□No	□N/A	
Chain of Custody Relinquished?	-∕∐Yes	□No	□N/A	
Sampler Name and Signature on COC?	. □ Yes	□No	□N/A	
Samples Arrived within Hold Time?	Yes	□No	□N/A	
Short Hold Time Analysis (<72 hr)?	Yes	.₽Mo	□N/A	6.
Rush Turn Around Time Requested?	□Yes	-∐No	□N/A	7.
Sufficient Volume?	√Yes .	□No	□N/A	8.
Correct Containers Used?	-ETYes	□No	□N/A	9.
-Pace Containers Used?	— Fes	□No		,
Containers Intact?	/ Yes	□No	 □N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	□No	DN/A	
Sample Labels Match COC?	Yes	□No	□N/A	11. Note if sediment is visible in the dissolved containers.12.
-Includes Date/Time/ID/Analysis Matrix:	2	<u></u>	۸۷۰۰	
All containers needing acid/base preservation will be	<u> </u>			See pH log for results and additional preservation
checked and documented in the pH logbook.	☐Yes	□No	P M/A	documentation
Headspace in Methyl Mercury Container	□Yes	□No	ØN/A	13.
Headspace in VOA Vials (>6mm)?	Yes	□No	√N/A	14.
Trip Blank Present?	□Yes	□No	ØN/A	15.
Trip Blank Custody Seals Present?	□Yes	∏No	N/A	·
Pace Trip Blank Lot # (if purchased):				
CLIENT NOTIFICATION/RESOLUTION			-	
				Field Data Required? ☐Yes ☐No ate/Time:
Person Contacted:Comments/Resolution:				ate/Time:
	······································	·		
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FECAL WAIVER ON FILE Y N		TEMP	ERATUR	E WAIVER ON FILE Y N
COALN H.				
Project Manager Review: MM - 1417				Date: 8/10/10

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, Incorrect preservative, out of temp, incorrect containers)